MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09988

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point X

LENGTH OF STAY (in this place) 6yrs.7mo.21days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital 18

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY V—35.3

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Uniontown

STREET ADDRESS (If rural give location) 44 South Gallatin Avenue

3. NAME OF DECEASED: (Type or Print) (First) HAROLD (Middle) S. (Last) ABRAHAM

4. DATE OF DEATH: (Month) October (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 4-5-1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver

10b. KIND OF BUSINESS OR INDUSTRY: Coal & Coke Bus

11. BIRTHPLACE (State or foreign country): Uniontown, Pa. 35

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(025X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Syphilis, tertiary, meningo-vascular type manifested by psychotic reaction apathy & intellectual deterioration — unknown

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 2-25, 1947, to 10-16, 1953, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE W. OPPLER (Degree or title) M.D. Chief, Professional Services, VAH, ADDRESS Perry Point, Md. DATE SIGNED 10-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 10-17-53 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR Oct. 19, 1953 — REGISTRAR'S SIGNATURE Ida M. Daughety actg Reg

24. FUNERAL DIRECTOR Pennington + Son — ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct. Age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT 21 1953
BUREAU V. S.

Film #G 159 Item No.8, 10/23/53, emp
Film #G-159 Item No. 14, 10/26/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

09989

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City | LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City Rural X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ANDREW (Middle) (Last) BARAHURA
4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Jan 1882 AGE last birthday 71 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice Pres. Mun
10b. KIND OF BUSINESS OR INDUSTRY Government
11. BIRTHPLACE (State or foreign country) Austria. 56
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Paul Barahura.
14. MOTHER'S MAIDEN NAME Catherine unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4. no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mary Turner, Chesapeake City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE A C Dodson MD (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 10-17-53

BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct 22/53 | NAME OF CEMETERY OR CREMATORY St Roses Cemt | LOCATION (City, town, or county) Chesapeake City, Md (State)

DATE REC'D BY LOCAL REG. October 19-1953 | REGISTRAR'S SIGNATURE Mrs Ralph H Bell | 24. FUNERAL DIRECTOR H W Pippin & Son Elkton Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 09990 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13-3-51

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Chesapeake City
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED: (Type or Print) (First) MIRIAM (Middle) W. (Last) BENNETT

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Aug 6 1909

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hair dresser

10b. KIND OF BUSINESS OR INDUSTRY: Beauty Salon

11. BIRTHPLACE (State or foreign country): Camden New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey Townsend

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-32-9698

17. INFORMANT & ADDRESS: Mr. Walter Bennett Chesapeake City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

193X
Immediate cause (a) Brain Tumor Glioma — INTERVAL BETWEEN ONSET AND DEATH: 4 years
DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1950

19b. MAJOR FINDINGS OF OPERATION: Glioma

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 5, 1949, to Oct 4, 1953, that I last saw the deceased alive on Oct 3, 1953, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

SIGNATURE Henry Toms (DEGREE OR TITLE) MD ADDRESS Chesapeake City Md DATE SIGNED 10/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Oct 7, 1953 — NAME OF CEMETERY OR CREMATORY Bethel Cemetery — LOCATION (City, town, or county) Mt. Chesapeake City (State) Md

DATE REC'D BY LOCAL REG. Oct 7 53 — REGISTRAR'S SIGNATURE Ina Redfield D. Reg.

24. FUNERAL DIRECTOR H. R. Pepper & Son — ADDRESS Elkton, Md.

RECEIVED
OCT 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09991

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

(1) WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 34 Lifelong
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walnut Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 34
STREET ADDRESS (If rural, give location) Walnut Lane

3. NAME OF DECEASED (Type or Print): (First) OMAR. (Middle) D (Last) CROTHERS JR.

4. DATE OF DEATH: (Month) 10 (Day) 20 (Year) 1953

5. SEX M | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write) Married | 8. DATE OF BIRTH Mar 7 1909 | 9. AGE last birthday 44 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer. | 10b. KIND OF BUSINESS OR INDUSTRY Ravoyer. | 11. BIRTHPLACE (State or foreign country) Elkton Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Omar D. Crothers Sr. | 14. MOTHER'S MAIDEN NAME Ruba Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Margaret J. Crothers Elkton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Thrombosis

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dallas Dodson MD Dm E Rising Sun Md 10-20-53

BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF Oct 23/53 | NAME OF CEMETERY OR CREMATORY Salem Manor Mem. Pk. | LOCATION (City, town, or county) (State) Elkton, Md

DATE REC'D BY LOCAL REG. Oct 21 | REGISTRAR'S SIGNATURE F K Frazer | 24. FUNERAL DIRECTOR ADDRESS C. W. Hyson & Son Elkton Md

3 Bur.

RECEIVED
OCT 22 1953
BUREAU V. S.

09992

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-15 8-51

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Elkton
LENGTH OF STAY (in this place) 24 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Kenneth Edward Dawson	10 10 1953	M.	White	Single	10-9-1953			9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Student		Elkton Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harvey Edward Dawson	Joan T. Devonshire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Joan T. Dawson, Conowingo Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
761.5 Immediate cause	(a) Premature 30 wks.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Breech Presentation and	
	DUE TO (c) partial seperation of Placenta	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 10-9, 1953, to 10-10, 1953 that I last saw the deceased alive on 10-9, 1953, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

R. Goodrow MD Rising Sun Md. 10-10-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Oct 10, 1953	Bel Air	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 10	H R Frazer	H. W. Pippin + Son	Elkton Md.

2003181302

RECEIVED
OCT 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural — LENGTH OF STAY (In this place) X — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural. — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY. (Middle) LOUISE (Last) DE LANCEY

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 1953

5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Married | 8. DATE OF BIRTH: 10-9-1884 | 9. AGE last birthday: 69 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home Work. | 11. BIRTHPLACE (State or foreign country): Fairbury. Ill. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles F. H. Corruthers | 14. MOTHER'S MAIDEN NAME: — Brydie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: John B. De Lancey.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Acute Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH DUE TO ACCIDENT, SUICIDE, HOMICIDE? — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: R. E. Dodson (Degree or title) M.D. — ADDRESS: Rising Sun Md. — DATE SIGNED: 11-20-53

BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: Oct 24 53 — NAME OF CEMETERY OR CREMATORY: Elkton — LOCATION (City, town, or county) (State): Elkton, Md.

DATE REC'D BY LOCAL REG: Oct 27-53 — REGISTRAR'S SIGNATURE: Sarah E. Rothermel — 24. FUNERAL DIRECTOR — ADDRESS

MARGIN RESERVED FOR BINDING

PRINT PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

U.S. AIDA

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick
LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) M. (Last) DIGNAN
4. DATE OF DEATH (Month) 10 (Day) 7 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6/14/13
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Warwick Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Michael Dignan
14. MOTHER'S MAIDEN NAME Louise Boyels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Geo. M. Dignan, Warwick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. L. Dodson (Degree or title) MD DME ADDRESS Rising Sun Md. DATE SIGNED 10-7-53

FINAL CREMATION (Specify) Burial
DATE THEREOF 10/9/53
NAME OF CEMETERY OR CREMATORY Old Bohemia Cemetery
LOCATION (City, town, or county) Warwick Md (State)

DATE REC'D BY LOCAL REG. Oct 10-53
REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney
24. FUNERAL DIRECTOR G. Lister Daniels Middletown Del. ADDRESS

MARGIN RESERVED FOR BINDING

...INLY, WITH UNFADING INK. Supply every item of information carefully. The correct ag... ...pecially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

C2095

Reg. Dist. No. 72

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural — LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) A (Last) Fleming
4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, SECRETED: Married
8. DATE OF BIRTH: 10-21-1886
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: D & D Insecticide
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Farm Grower.
14. MOTHER'S MAIDEN NAME: no information
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-05-6187
17. INFORMANT AND ADDRESS: Margaret Fleming, Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: U
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: R C Dodson (Degree or title) MD D.M.E. — ADDRESS: Rising Sun Md — DATE SIGNED: 10/29-53

CREMATION (Specify): Burial — DATE THEREOF: Oct 31, 1953 — NAME OF CEMETERY OR CREMATORY: Catholic Immaculate Conception Cemt. — LOCATION (City, town, or county): Elkton R.D. (State): Md

DATE REC'D BY LOCAL REG.: Oct 30 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: Elkton Md

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00996

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, X
LENGTH OF STAY (in this place) 10 Yrs. 4 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS VAH, Perry Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Philadelhia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Philadelphia (Wynnewood) ✓
STREET ADDRESS (If rural give location) 243 Hemlock Road, Renn Valley ✓

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) F. (Last) GAUGHAN
4. DATE OF DEATH: (Month) October (Day) 10 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 12-26-00
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Philadelphia, Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Gaughan
14. MOTHER'S MAIDEN NAME: Ann E. Hamilton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 2 Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4240

Immediate cause (a) Coronary Thrombosis, Recurrent — Interval Between Onset And Death: Immediate

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — 7 Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22, 1943, to 10-10-, 1953, that I last saw the deceased alive on ////////////////, 19////, and that death occurred at 3:50 PM, from the causes and on the date stated above.

SIGNATURE William M. Harris (Degree or title) ADDRESS DATE SIGNED
WILLIAM M. HARRIS, M.D., Acting Chief Professional Services, VAH, Perry Point, Md 10-10-5

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 10-10-53
NAME OF CEMETERY OR CREMATORY Calvary Cemetery
LOCATION (City, town, or county) (State) West Conshohocken, Penna.

DATE REC'D BY LOCAL REGISTRAR 10-10-53
REGISTRAR'S SIGNATURE Ida M. Daugherty actg. Reg.
24. FUNERAL DIRECTOR LEE A. PATTERSON FUNERAL HOME, Perryville, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT
BUREAU V. S.

Film#G-159 Item No. 8 10/27/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]37

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:

COUNTY: CECIL — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: ELKTON

LENGTH OF STAY (In this place): 20 YRS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: RD 4

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: CECIL

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON

STREET ADDRESS (If rural, give location): RD 4

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) WESLEY (Last) GILBERT

4. DATE OF DEATH: (Month) Oct (Day) 17 (Year) 1953

5. SEX: Male — **6. COLOR OR RACE:** WHITE — **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** MARRIED — **8. DATE OF BIRTH:** DEC 18 1881 — **9. AGE last birthday:** 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER — **10b. KIND OF BUSINESS OR INDUSTRY:** Funeral — **11. BIRTHPLACE** (State or foreign country): NORTH EAST Md — **12. CITIZEN OF WHAT COUNTRY?** USA

13. FATHER'S NAME: WILLIAM W GILBERT

14. MOTHER'S MAIDEN NAME: SARAH REBECCA JACKSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-05-3491

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

008X

Immediate cause (a) Tuberculosis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 39 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) Providence, (COUNTY) Cecil, (STATE) Maryland.

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1953, to October, 1953, that I last saw the deceased alive on 10/17, 1953, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE: Henry A. Spangler — (DEGREE OR TITLE) MD — ADDRESS: Elkton, Maryland — DATE SIGNED: 10/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-20-1953 — NAME OF CEMETERY OR CREMATORY: NORTH EAST METHODIST — LOCATION (City, town, or county): NORTH EAST (State) Md

DATE REC'D BY LOCAL REG.: Oct 19 — REGISTRAR'S SIGNATURE: J H Frazer

24. FUNERAL DIRECTOR — ADDRESS: Joseph R Grant North East Md

RECEIVED
OCT 20 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09998

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 3 mo. 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): R.F.D. #2, Aberdeen
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) L. (Last) HARPER

4. DATE OF DEATH: (Month) October (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-5-1892
9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm laborer
11. BIRTHPLACE (State or foreign country): Austin, Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John L. Harper - Deceased
14. MOTHER'S MAIDEN NAME: Belle V. Ogddn - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Obstruction of Duodenum — Interval Between Onset And Death: 6 Months

Immediate cause (a) Cancer of Gall Bladder,

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Extravasation of bile into abdominal cavity
DUE TO (c) Multiple bile abscesses of liver

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-1-53
19b. MAJOR FINDINGS OF OPERATION: Cancer of gall bladder with obstructive jaundice, metastatic tumor.
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 6-23, 1953, to 10-21, 1953, and that death occurred at 12:50 a.m., from the causes and on the date stated above.

SIGNATURE: E.P. BRANNON, M.D. (Degree or title) MANAGER, VAH, PERRY POINT, MD. — ADDRESS — DATE SIGNED: 10-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 10-22-53
NAME OF CEMETERY OR CREMATORY: Angel Hill
LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 23, 1953
REGISTRAR'S SIGNATURE: Ida M. Daugherty
24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son
PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. 34
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. 34
STREET ADDRESS (If rural, give location) 149 E Main St

3. NAME OF DECEASED: (Type or Print) (First) Rev. Wm (Middle) F (Last) Hopkins

4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.
8. DATE OF BIRTH: July 24 1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt Carmel Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Hopkins
14. MOTHER'S MAIDEN NAME: Rosabelle Snyder.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Clara Hopkins Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) —

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1943, to Oct 15th, 1953, that I last saw the deceased alive on Oct 14th, 1953, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D ADDRESS Elkton Md DATE SIGNED 10/18/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Oct 19/53
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) Mt Carmel Pa (State)

DATE REC'D BY LOCAL REG. Oct 18
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Hart-Tippin & Son Elkton, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. [illegible] 8-51

RECEIVED
OCT
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10000

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 34 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Del. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark - Route 2 X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) BENJAMIN (Middle) M. (Last) HUSFELT
4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Aug. 23, 1877
9. AGE Last birthday: 76 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Millwork
10b. KIND OF BUSINESS OR INDUSTRY: Fiber Mill
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John Husfelt
14. MOTHER'S MAIDEN NAME: Jane Howard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 148-05-0508
17. INFORMANT & ADDRESS: Mrs. Bertha Husfelt, Newark, Del.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Arteriosclerotic Cardio-Vascular-Renal Disease — DUE TO — Interval Between Onset And Death: Unknown
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) — DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pleural effusion, right — 3 Months

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1953, to Oct. 25, 1953, that I last saw the deceased alive on Oct. 25, 1953, and that death occurred at 10:30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Joseph Anderson Jr., M.D. — ADDRESS Elkton Md. — DATE SIGNED 10/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 28-1953 — NAME OF CEMETERY OR CREMATORY Johnstown Cem. — LOCATION (City, town, or county) Earleville, (State) Md.
DATE REC'D BY LOCAL REGISTRAR Oct 28 — REGISTRAR'S SIGNATURE J R Frazer
24. FUNERAL DIRECTOR Edward Fellows — ADDRESS Millington, Md.

RECEIVED
OCT 30 - 03
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10661

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
LENGTH OF STAY (in this place) 40 yrs;
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Elizabeth (Last) Kincaid

4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 15, 1910

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Typist

11. BIRTHPLACE (State or foreign country): Colora, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Kincaid

14. MOTHER'S MAIDEN NAME: Lula Jourdan

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-09-7950

17. INFORMANT & ADDRESS: Vesta Kincaid Rising Sun, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X

Immediate cause (a) Carcinoma of.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) uterus & Cervix.

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 1953 to 10-11, 1953 that I last saw the deceased alive on 8/11, 1953, and that death occurred at 3 A.M. from the causes and on the date stated above.

SIGNATURE R. L. Dodson MD (Degree or title) ADDRESS Rising Sun Md DATE SIGNED 10-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct. 14 1953

NAME OF CEMETERY OR CREMATORY West Nottingham

LOCATION (City, town, or county) Near Colora, Md. (State)

DATE RECD BY LOCAL REGISTRAR Oct 13-53

REGISTRAR'S SIGNATURE D M Worthington

24. FUNERAL DIRECTOR J Earl Tyson ADDRESS Rising Sun Md.

VS. A15

RECEIVED
1903
BUREAU V. S.

10002

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point X
LENGTH OF STAY (in this place): 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital 10

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Alexandria X-4
STREET ADDRESS (If rural give location): Rt. #5, Box 414

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) M. (Last) KING

4. DATE OF DEATH: (Month) October (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 6-9-1901

9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Boiler

11. BIRTHPLACE (State or foreign country): Fairfax Co., Va. 4

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ashley H. King - Deceased

14. MOTHER'S MAIDEN NAME: Lidia Rogers - Deceased

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) Peacetime

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

151X

Immediate cause (a) Carcinoma of stomach, metastatic — Approx. 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-1-53

19b. MAJOR FINDINGS OF OPERATION Total gastrectomy, splenectomy & partial colectomy.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 9-9, 1953, to 10-1, 1953, ~~that I last saw the deceased~~ ~~[illegible]~~ and that death occurred at 9:10 a.m., from the causes and on the date stated above.

SIGNATURE: W. Oppler (Degree or title) — ADDRESS: W. OPPLER, M.D. Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: 10-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal to Alexandria, Va. — DATE THEREOF: 10-1-53 — NAME OF CEMETERY OR CREMATORY: Unknown — LOCATION (City, town, or county) (State): Unknown

DATE REC'D BY LOCAL REGISTRAR: Oct. 1, 1953 — REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 72

1. PLACE OF DEATH COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Elkton - Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 14 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital	STREET ADDRESS (If rural, give location): Wesley Ave.

3. NAME OF DECEASED (Type or Print): Lula Ester Krauss (First) (Middle) (Last)

4. DATE OF DEATH: Oct (Month) 10 (Day) 1953 (Year)

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: Jun 28-1884

9. AGE last birthday: 69 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Wilmington Del

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James Alexander Mannering

14. MOTHER'S MAIDEN NAME: Rachael Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Herman Mannering

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	4 days
570.5 Antecedent cause(s)	(b) Obstruction of small bowel - inoperable	8 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Chronic arthritis — 14 yrs p his

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1950, to Oct 10th, 1953, that I last saw the deceased alive on Oct 10th, 1953, and that death occurred at 110 P. m., from the causes and on the date stated above.

SIGNATURE: V. H. McKnight (Degree or title) — ADDRESS: Elkton - Maryland — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Oct 14, 1953 — NAME OF CEMETERY OR CREMATORY: Silver Brook Cemetery — LOCATION (City, town, or county): Wilmington, Del. (State)

DATE REC'D BY LOCAL REG.: Oct 13 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: H. W. Pippin + Son, Elkton, Md. — ADDRESS: D.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED
OCT
BUREAU V. S.

Film#G159 Item No. 13, 14 11/2/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10004

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 5yr.9mo.21days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1308-12 Beason Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) DANIEL (Last) LETTENEY

4. DATE OF DEATH: (Month) October (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-27-1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Danville, Mass.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Broncho Pleural Fistula — Interval Between Onset And Death: 1 Month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.: (b) Empyema, right thoracic cavity — 3 Weeks

DUE TO

(c) Volvulus- Mid Ileum

518X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysematous blebs, left lung.

19a. DATE OF OPERATION: 9-23-53

19b. MAJOR FINDINGS OF OPERATION: Rupture of emphysematous bleb

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29 ,1947, to 10-20 , 1953 , ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 9:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E.P. BRANNON, M.D. MANAGER, VAH, PERRY POINT, MARYLAND 10-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 10-22-53 — NAME OF CEMETERY OR CREMATORY: Unknown — LOCATION (City, town, or county) (State): Peabody, Mass.

DATE REC'D BY LOCAL REGISTRAR: Oct 23, 1953 — REGISTRAR'S SIGNATURE: Ida M. Daugherty — Actg Reg.

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10005

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Maryland
LENGTH OF STAY (in this place): 7 yr 14 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Jersey — COUNTY Union
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Linden
STREET ADDRESS (If rural give location): 28 Morris Avenue

3. NAME OF DECEASED: (Type or Print) (First) FRANCIS (Middle) X (Last) LOUGHERY

4. DATE OF DEATH: (Month) October (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-14-89

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EDWARD LOUGHERY

14. MOTHER'S MAIDEN NAME: MARY MULSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Tracheo-bronchial Aspiration	Minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Ascending Cholangitis	10 days
	DUE TO (c) Choledocholithiasis with T-tube drainage	3 mos to
	Chronic Cholecystitis with Cholelithiasis and	several
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obstructive Jaundice, Post-Operative	years

19a. DATE OF OPERATION: 9-25-53

19b. MAJOR FINDINGS OF OPERATION: Choledocholithiasis and Chronic Cholecystitis

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep 26, 1946, to Oct 10, 19 53, and that death occurred at 5:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. OPPLER, M.D. Chief, Professional Services, VAH, Perry Point, Md. 10-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 10-11-53
NAME OF CEMETERY OR CREMATORY: National Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: Oct 12/1953
REGISTRAR'S SIGNATURE: Ida M. Daugherty acting Reg.

24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

VS. A15

RECEIVED
BUREAU V. S.

10006

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
LENGTH OF STAY (In this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) A (Last) Lutz.
4. DATE OF DEATH (Month) 10 (Day) 21 (Year) 1953

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5-5-1887
9. AGE last birthday 66 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coast Guard
10b. KIND OF BUSINESS OR INDUSTRY Coast Guard
11. BIRTHPLACE (State or foreign country) Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME no record
14. MOTHER'S MAIDEN NAME no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hilda Richards, North East Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R. C. Dodson (Degree or title) MD DME ADDRESS Rising Sun Md DATE SIGNED 10-22-53

CREMATION MOVAL (Specify) Burial
DATE THEREOF Oct 24, 1953
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) (State) North East Cecil Co Md

DATE REC'D BY LOCAL REG. 5-24-53
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East Md

MARGIN RESERVED FOR BINDING.
PLAINLY WITH UNFADING INK. Supply every item of information carefully. The ... especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 29 1953
BUREAU V. S.

1907

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 7

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston
LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA. Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East. X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WARREN (Middle) (Last) MACKINSON
4. DATE OF DEATH (Month) 10 (Day) 28 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 11, 1881
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North East Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Guy Mackinson
14. MOTHER'S MAIDEN NAME Jennie Hahn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS Charles H Raine, North East, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X accident, suicide, homicide, undetermined.

SIGNATURE R C Dockson MD (Degree or title) D.M.E. ADDRESS Rising Sun Md DATE SIGNED 10/28-53

BURIAL CREMATION (Type or Print) Burial DATE THEREOF Oct 31, 1953 NAME OF CEMETERY OR CREMATORY Methodist LOCATION (City, town, or county) (State) North East Cecil Co. Md

DATE RECD BY LOCAL REG. Oct 30 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR Joseph R Frank North East Md ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important Physicians: please write the causes of death clearly and legibly.

REC
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10009

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Elkton - Cecil Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Irvin (Middle) (Last) Manlove
4. DATE OF DEATH: (Month) (Day) (Year) Oct 12, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 30 1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Construction Building
11. BIRTHPLACE (State or foreign country): Cecilton Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Howard B. Manlove
14. MOTHER'S MAIDEN NAME: Henrietta Ravan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-09-8107
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 540.0

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Dilatation of Heart	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Surgical Operation	10/7/53
	DUE TO (c) Acute Mania -	2 Days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Posterior Gastro Enterostomy - Cholecystectomy

19a. DATE OF OPERATION: Oct 7, 1953
19b. MAJOR FINDINGS OF OPERATION: Gastric Ulcer - Gall Stones
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 6, 1953, to Oct 12, 1953, that I last saw the deceased alive on Oct 11, 1953, and that death occurred at 8:30 am, from the causes and on the date stated above.

SIGNATURE Wm. Earl Mc (DEGREE OR TITLE) ADDRESS Wilbur Cantwell Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Oct 14 1953
NAME OF CEMETERY OR CREMATORY Cecilton Cem.
LOCATION (City, town, or county) Cecilton (State) Md.

DATE REC'D BY LOCAL REG. Oct 14
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Edward Pillow Millington ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-5 8-51

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10008

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coatsville
STREET ADDRESS (If rural, give location) 328 Valley Rd.

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) PATRICK (Last) McCARRAHER
4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1953

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 3-17-1937 | 9. AGE last birthday 16 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Coatsville Pa. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward McCarrher. | 14. MOTHER'S MAIDEN NAME Verna McCauley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. None | 17. INFORMANT AND ADDRESS Edward McCarrher, 328 Valley Road Coatsville Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

825X Immediate cause (a) Fractured neck & Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route I | (CITY OR TOWN) Conowingo (COUNTY) Cecil (STATE) Md

TIME OF INJURY (Month) 10 (Day) 17 (Year) 53 (Hour) 6:30 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCURR Auto Collision

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .

SIGNATURE R. L. Dodson MD (Degree or title) DmE | ADDRESS Rising Sun Md. | DATE SIGNED 10-18-53

NATURAL CREMATION (Removal, Specify) Burial | DATE THEREOF 10/21/53 | NAME OF CEMETERY OR CREMATORY Hephzibah Cemetery | LOCATION (City, town, or county) E. Fallowfield Twp. Chester Co. (State) Pa

DATE REC'D BY LOCAL REG. 720 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

...INLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... specially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10010

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora — LENGTH OF STAY (In this place) Adopt
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES. (Middle) McCORMICK. (Last) McCush
4. DATE OF DEATH (Month) 10 (Day) 2 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-31-1868
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own farm.
11. BIRTHPLACE (State or foreign country) Colora Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME William McCush.
14. MOTHER'S MAIDEN NAME Sarah Jenness.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Sarah McCush Colora Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4201 Immediate cause (a) Acute Coronary

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X accident , suicide , homicide , undetermined*

SIGNATURE (Degree or title) R. C. Dodson H.D. D.M.E. ADDRESS Rising Sun Md. DATE SIGNED 10-3-53

23. FINAL DISPOSITION (Specify) Burial — DATE THEREOF Oct 5 1953 — NAME OF CEMETERY OR CREMATORY West Nottingham — LOCATION (City, town, or county) Colora Cecil (State) Md.

DATE REC'D BY LOCAL REG — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR J. E. Tyson. ADDRESS Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10011

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT, MARYLAND
LENGTH OF STAY (in this place) 2Month 23 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE NEW JERSEY COUNTY CAMDEN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BELIMAWR
STREET ADDRESS (If rural give location) 32 APPLE AVENUE

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) E. (Last) MC NICHOL

4. DATE OF DEATH: (Month) October (Day) 24 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: February 21, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired 1st Lt.

10b. KIND OF BUSINESS OR INDUSTRY: US Army

11. BIRTHPLACE (State or foreign country): Bermuda

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN MC NICHOL - Deceased

14. MOTHER'S MAIDEN NAME: LOUISE LIGHTBURN - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI.

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Maryland

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
33/X Immediate cause	(a) PNEUMONIA, Broncho	2 Days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) HEMIPLEGIA	9 Days
	DUE TO (c) CEREBRO-VASCULAR ACCIDENT	9 Days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 10-15-53

19b. MAJOR FINDINGS OF OPERATION: Excisional biopsy epithelioma, lower lip.

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Aug. 1st, 19 53, to Oct. 24th, 19 53, that I last saw deceased alive on [illegible] and that death occurred at 1:23 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Ellis, M.D. ADDRESS Acting, Chief Professional Services, VAH., Perry Point, Md. DATE SIGNED 10/25/53

E. ELIS, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

DATE THEREOF 10-25-53

NAME OF CEMETERY OR CREMATORY BERVERLY NATIONAL CEMETERY

LOCATION (City, town, or county) (State) BEVERLY, New Jersey

DATE REC'D BY LOCAL REGISTRAR Oct. 26, 1953

REGISTRAR'S SIGNATURE Ida M. Daugherty acty. Reg.

24. FUNERAL DIRECTOR Pennington & Son

ADDRESS PENNINGTON & SON, Havre De Grace, Maryland

VS. (AT)

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10012

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural ELKTON RD 5
LENGTH OF STAY (in this place) 20 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY CECIL
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELKTON RD 6 X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) LOUISA (Last) MURRAY
4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 2-16-1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: NO RECORD
14. MOTHER'S MAIDEN NAME: MOLLIE SMITH

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Herbert N. Murray Elkton RD 5 Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4 [illegible]
Immediate cause (a) Chronic Myocarditis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 4-5 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. numerous loose nicers over body. probably specific

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9-25-1953, to 10-11th, 1953, that I last saw the deceased alive on 10-2, 1953, and that death occurred at home, from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) MD ADDRESS [illegible] DATE SIGNED 10/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-14-53
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) Cherry Hill Cecil Co (State) Md
DATE REC'D BY LOCAL REGISTRAR Oct 12
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph A Grant North East ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Phillips 1501B

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Elkton | LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) R. D. # 4.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) M. (Last) Phillips.
4. DATE OF DEATH: (Month) October (Day) 23 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 4 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Odd Jobs.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William B Phillips
14. MOTHER'S MAIDEN NAME: Mary Pemond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Albert C Phillips North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death
260X
Immediate cause (a) Diabetic acidosis — 2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Diabetes Mellitus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 21, 1953, to Oct. 23 1953, that I last saw the deceased alive on Oct. 23, 1953 and that death occurred at 1 10 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Orford K. Sprecher, M.D. ADDRESS Elkton, Md DATE SIGNED Oct 23, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 25 - 1953
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) (State) North East Cecil Co. Md
DATE REC'D BY LOCAL REGISTRAR 10/24
REGISTRAR'S SIGNATURE F M Magee
24. FUNERAL DIRECTOR Joseph A Grant ADDRESS North East Md

BUREAU V. S.

10014

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 9/

MARGIN RESERVED FOR BINDING

...NLY, WITH UNFADING INK. Supply every item of information carefully. The ...
...pecially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chesapeake & Del. Canal

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EDNA	J.	RASH.	10	15	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F.	White	Married	3-4-1923	30 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Tennessee	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
W. M. Wilson	Mondie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Fred Rash, Elkton RD 4 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
778X Immediate cause	(a) Crushed chest & other	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) internal injuries	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	Chesapeake & Del Canal	Chesapeake City	Cecil	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
10	15	53	4:15 p.m.		Jumped off Chesapeake City Bridge

22 I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐ homicide ☒, undetermined ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. LeDoctor	MD DMD	Elkton Md.	10-16-53

BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 18, 1953	Wilmington Memorial Park	Mt. Elkton, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
October 17 1953	Lena Bratton H. Bell	H. L. Wigfield & Son	Elkton Md.

USCO-415A

'S 'A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10015

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PERRY POINT X
LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DISTRICT OF COLUMBIA COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON
STREET ADDRESS (If rural give location) 1760 EUCLID STREET, N.W.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) STUART (Last) REEDER
4. DATE OF DEATH: (Month) October (Day) 7 (Year) 19 53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: May 10, 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Weights & Measures
11. BIRTHPLACE (State or foreign country): Morganza, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN H. REEDER
14. MOTHER'S MAIDEN NAME: MARY DALLAM

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: VAH., Perry Point, Md. Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610 X

		Interval Between Onset And Death
Immediate cause	(a) Urethral Stricture	2 years
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Ruptured prostatic urethra with Urinary extravasation.	4 Days
	DUE TO (c) Benign prostatic hypertrophy.	Several Yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic bronchiectasis. Unknown
Hypertension Unknown

19a. DATE OF OPERATION: 10-2-53 10-6-53
19b. MAJOR FINDINGS OF OPERATION: Urethral dilatation and cystoscopy. Retro-cubic drainage of ruptured prostatic urethra.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Sept. 28, 19 53, to Oct. 7, 19 53, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE W. OFFLER, M.D. (Degree or title) Chief, Professional Services, VAH., ADDRESS Perry Point, Md. DATE SIGNED 10-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
DATE THEREOF 10-7-53
NAME OF CEMETERY OR CREMATORY All Faith Church
LOCATION (City, town, or county) (State) Charlotte Hall, Maryland

DATE REC'D BY LOCAL REGISTRAR October 7, 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty Acty Reg.
24. FUNERAL DIRECTOR W.C. MATTINGLY & CO., ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT
BUREAU V. S.

Film#G159 Item# 8 11/24/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10532

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Devine Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena
STREET ADDRESS (If rural give location) Rt. 2.

3. NAME OF DECEASED: (Type or Print) (First) ELMA (Middle) EVA (Last) RIGGIN

4. DATE OF DEATH: (Month) Oct. (Day) 27 (Year) 1953

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 8. DATE OF BIRTH: Jan. 6, 1892 9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Harrington
14. MOTHER'S MAIDEN NAME: Julia Dodds

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Norman L. Riggin, Galena, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171 X
Immediate cause (a) Carcinoma of the cervix with metastases DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)

Interval Between Onset And Death: 3 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mediastinal tumor, rt. — 3 years

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1953, to Oct. 27, 1953, that I last saw the deceased alive on Oct. 26, 1953, and that death occurred at 1:30 A. M., from the causes and on the date stated above.
SIGNATURE Ralph Andrews (Degree or title) M.D. ADDRESS Elkton Md. DATE SIGNED 10/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 30 1953
NAME OF CEMETERY OR CREMATORY Georgetown Cemetery
LOCATION (City, town, or county) Georgetown (State) Md.
DATE REC'D BY LOCAL REGISTRAR Oct 28
REGISTRAR'S SIGNATURE H R Frazer
24. FUNERAL DIRECTOR Edwards Fellows ADDRESS Millington Md.

VS. (A-1)

RECEIVED
OCT 30

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10016

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT X
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 1269 WILLIAMS STREET

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) L. (Last) SONNER

4. DATE OF DEATH: (Month) October (Day) 4, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: January 27, 1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): St.Car Conductor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: ANNIE (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY No.: 213 100 700

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443X
Immediate cause (a) Cerebral Vascular Accident — 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Vascular Disease — Unknown
DUE TO (c) Possible, Pneumonia, Terminal — Unknown
240X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Sept.27,1953, to Oct. 4, 1953, that I saw the deceased alive on 19 and that death occurred at 3:00 AM, from the causes and on the date stated above.

SIGNATURE W. O'Neill M.D. (Degree or title) ADDRESS Chief, Professional Services, VAH., Perry Point, Md. DATE SIGNED October 4,1953

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL — DATE THEREOF October 4,1953 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR Oct.4, 1953 — REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR John J. Fahey JOHN FAHEY & SONS, ADDRESS 1318 Light Street, Baltimore, Maryland

VS. A[illegible]

RECEIVED
6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (In this place): 51 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 219 E Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton RD I
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First): OLAF (Middle): (Last): SVENSON
4. DATE OF DEATH (Month) 10 (Day) 7 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: 10-14-1871
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Malmo Sweden
12. CITIZEN OF WHAT COUNTRY: U S A.
13. FATHER'S NAME: Swan Larson Svenson
14. MOTHER'S MAIDEN NAME: unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 716-01-8407
17. INFORMANT AND ADDRESS: Mrs Nicholas Frostials, Elkton Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

901.6 Immediate cause (a) Fr acture of Base of skull.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Church. — (CITY OR TOWN): Elkton — (COUNTY): Cecil — (STATE): Md.
TIME OF INJURY (Month) 10 (Day) 7 (Year) 53 (Hour) 11.15 a.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Fell off ladder pretty in E Bulbs.

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident ☒ suicide homicide , undetermined .

SIGNATURE: R E Dodson MD DME (Degree or title) — ADDRESS: Rising Sun Md. — DATE SIGNED: 10-8-53

SPECIAL CREMATION (Specify): Burial — DATE THEREOF: 10-10-53 — NAME OF CEMETERY OR CREMATORY: Elkton Cemetery — LOCATION (City, town, or county): Elkton Cecil — (State): Md

DATE REC'D BY LOCAL REG: Oct 10 — REGISTRAR'S SIGNATURE: F H Frazer — 24. FUNERAL DIRECTOR: H. Walter de Bose, Jr. — ADDRESS: Elkton, Md.

MARGIN RESERVED FOR BINDING

USE WRITE ONLY WITH UNFADING INK. Supply every item of information carefully. The correct specially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

BUREAU V. S.

10018

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Principio Furnace
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lydia (Middle) LEE (Last) WARRINGTON
4. DATE OF DEATH (Month) 10 (Day) 18 (Year) 1953
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5-30-1944
9. AGE last birthday 7 yrs. If under 1 year Months Days If under 24 hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) School Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME John W Warrington
14. MOTHER'S MAIDEN NAME Virginia Lee Hartman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John W Warrington, Principio Furnace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

81 X Immediate cause (a) Compound Fracture of skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) & fractured neck.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Route 274 (CITY OR TOWN) Rising Sun RD (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 10 (Day) 18 (Year) 53 (Hour) 8:05 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile collision

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R C Dodson (Degree or title) MD DM E
ADDRESS Rising Sun Md.
DATE SIGNED 10-21-53

CREMATION (Specify) Burial
DATE THEREOF Oct 21-1953
NAME OF CEMETERY OR CREMATORY Principio Methodist Cem
LOCATION (City, town, or county) Principio Furnace (State) Md

DATE FILED BY LOCAL Oct 23 /53
REGISTRAR'S SIGNATURE L W Warrington
24. FUNERAL DIRECTOR Joseph R. Grant
ADDRESS North East, Md

MARGIN RESERVED FOR BINDING

EASY WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10019

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perryville X
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Susquehannah Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perryville X
STREET ADDRESS (If rural give location) Susquehannah Ave.

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) W. (Last) White

4. DATE OF DEATH: (Month) Oct. (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 8- 16- 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: P R R
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bascom White
14. MOTHER'S MAIDEN NAME: Rebecca Wallace

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 717-07-5275
17. INFORMANT & ADDRESS: Mrs Charles Burns, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Pulmonary Oedema — 2 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Occlusion — 3 hours

DUE TO

(c) arterio sclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. carcinoma basal) of face

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1953, to Oct 21, 1953, that I last saw the deceased alive on Oct 21, 1953, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE Frank Walbert (Degree or title) M.D. ADDRESS Havre de Grace Md. DATE SIGNED Oct 23. 1953

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial
DATE THEREOF 10-25-1953
NAME OF CEMETERY OR CREMATORY Principio
LOCATION (City, town, or county) (State) Principio Furnace, Md.

DATE REC'D BY LOCAL REGISTRAR Oct 23 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty actg. Reg.
24. FUNERAL DIRECTOR Vic A. Patterson & Son. ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10020

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun X
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Carolyn (Middle) Ruth (Last) Wilson

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Oct. 31 1866

9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months ... Days ...
IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Port Deposit Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Dixon West

14. MOTHER'S MAIDEN NAME: Ruth Orr

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Roman Wilson Nottingham Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

4224

Immediate cause (a) Aortic Sclerosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocarditis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1951 to 10/24, 1953 that I last saw the deceased alive on 10-24., 1953, and that death occurred at 3 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) R C Doctor MD ADDRESS Rising Sun Md. DATE SIGNED 10/26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct. 28 1953

NAME OF CEMETERY OR CREMATORY Nottingham Friends

LOCATION (City, town, or county) (State) Near Colora Md.

DATE FILED BY LOCAL REGISTRAR Oct 27-53

REGISTRAR'S SIGNATURE L M Worthington

24. FEDERAL DIRECTOR C. Earl Tyson

ADDRESS Rising Sun Md.

VS. A15

RECEIVED
OCT 28 1953
BUREAU V. S.